



MIAMI-DADE FIRE RESCUE DEPARTMENT
CENTRAL RECORDS BUREAU
9300 N.W. 41ST STREET, DORAL, FLORIDA 33178-2414
(786) 331-4900



REQUEST FOR ACCESS TO PROTECTED HEALTH INFORMATION FORM

IN COMPLIANCE WITH THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996, A PATIENT/CUSTOMER HAS THE RIGHT TO ACCESS, INSPECT AND COPY THEIR PROTECTED HEALTH INFORMATION (PHI) MAINTAINED IN MIAMI-DADE FIRE RESCUE'S DESIGNATED RECORD SET (DRS). ADDITIONALLY, YOUR RIGHTS ENTITLE YOU TO REQUEST, AMEND, AS WELL AS RESTRICT THE USE OF AND DISCLOSURE OF YOUR PHI. ALL OF YOUR RIGHTS ARE DELINEATED IN OUR NOTICE OF PRIVACY PRACTICES, WHICH YOU MAY REQUEST.

PART 1: INDIVIDUAL REQUESTING ACCESS

NAME: _____

RELATIONSHIP TO PATIENT: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

SIGNATURE: _____ REQUEST DATE: _____

PART 2: INCIDENT INFORMATION

PLEASE CHECK TYPE OF INCIDENT

HOUSE/BUILDING FIRE _____ VEHICLE FIRE _____ RESCUE _____ OTHER _____

PATIENT NAME: _____
(IF DIFFERENT FROM INDIVIDUAL REQUESTING ACCESS)

DATE: _____ TIME: _____ ALARM#: _____

LOCATION: _____

MDFR USE ONLY

DATE RECEIVED: _____

DATE PROVIDED: _____

REQUEST ACCEPTED: _____

REVIEWING OFFICIAL: _____

REQUEST DENIED: _____

NOTICE TO PATIENT: _____

COMMENTS: _____
